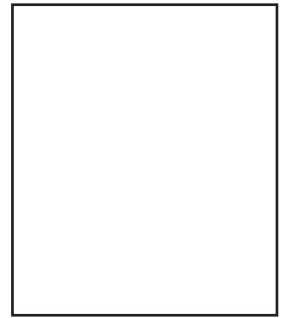


PAMOJA Consults

P.O. Box 37541,
Kampala - Uganda
Email: info@pamojaug.com



Study in Turkey Application Form

PERSONAL DETAILS

FIRST NAME: _____ LAST NAME: _____

Other Names: _____ Date of Birth: MM DD YY

Nationality: _____ State: _____ Gender: M F

Current Marital Status:

Never Married Married Widowed Legally Divorced

Permanent Home Address:

International Passport Number: _____

Phone Number: _____

Email Address: _____

Postal/Zip code: _____

GUARDIAN/PARENT DETAILS

FIRST NAME: _____ LAST NAME: _____

Other Names: _____ Relationship to Student: _____

Nationality: _____ State: _____ Gender: M F

Current Marital Status:

Never Married Married Widowed Legally Divorced

Permanent Home Address:

Phone Number: _____

Email Address: _____

GUARDIAN/PARENT DETAILS

FIRST NAME: _____ **LAST NAME:** _____

Other Names: _____ **Relationship to Student:** _____

Nationality: _____ **State:** _____ **Gender: M** **F**

Current Marital Status:

Never Married Married Widowed Legally Divorced

Permanent Home Address:

Phone Number: _____

Email Address: _____

College/University Name (with full address): 1

Dates of Attendance :

Country of School: _____

From

Year/ month / Day

To

Year/ Month / Day

Discipline: _____ Degree awarded: _____

Year Bagged: _____ Final Grade (e.g. First Class): _____

College/University Name (with full address): 2

Dates of Attendance :

From

Year/ month/ Day

To

Year/ Month/ Day

Discipline: _____ Degree awarded: _____

Year awarded: _____ Final Grade (e.g. First Class): _____

Secondary School Name (with full address):

Dates of Attendance :

From

Year/ month/ Day

To

Year/ Month/ Day

'O'Level Certificate: _____ Date Obtained: _____

Secondary School Name (with full address):

Dates of Attendance :

From

Year/ month/ Day

To

Year/ Month/ Day

'A' Level Certificate: _____ Date Obtained: _____

Discipline (Science, Arts, Social Science): _____

CHOICE PROGRAM/COURSES (Mark as appropriate)

Undergraduate: (4-6 years) Vocational Studies: (2 years)

Masters: 2 (years) PhD: (5 years)

Faculty (Choose the Faculty from the Course List)

Faculty

Course

First: _____

Second: _____

Third: _____

Fourth: _____

Fifth: _____

Preferred Exam Language: ENG FRENCH TURKISH GERMAN PERSIAN

NB: Make sure you pick 3 choice courses and 2 Vocational Courses.

Start Date: Year/ month

NB: All Service Fees paid to Pamoja Consults are NON-REFUNDABLE!

If you have understood this application process and agreed with the words therein, please PRINT your name and sign below:

Full Name: _____

Signature: _____ **Date:** _____

OFFICIAL USE ONLY

“O” & “A” Level Certificates, Testimonial, Academic transcripts and 2 passport size photograph) must all be in JPEG PICTURE FORMAT; NOT PDF OR MICROSOFT WORD.